

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M00000000550

1. Entity Name
MAPLE COMPANY, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 29 AM 10:23

Principal Place of Business
2400 FIRST STREET, STE. 200
FORT MYERS, FL 33901

Mailing Address
2400 FIRST STREET, STE. 200
FORT MYERS, FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09272005 REIN-LLC CR2E101 (6/04)

4. FEI Number
43-1860126

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBBARD, STEVEN W
2320 FIRST STREET, SUITE 1000
FORT MYERS, FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FLAGG, ROBERT W
STREET ADDRESS 2400 FIRST STREET, STE. 200
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE ☐ Change ☐ Addition
NAME 10/13/05--01055--002 \$155.00
STREET ADDRESS 500060581145
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME JANSON, CHRISTOPHER P
STREET ADDRESS 2400 FIRST STREET, STE. 200
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT 2005
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Christopher Janson*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 12/31/05 Daytime Phone # 344-0490 #108